Independent Expenditure Committee  Campaign Statement (Government Code Sections 84200-84216.5)			COMMITTEE STATEMENT			
		or print in ink.	Date Stamp	CALIFORNIA FORM	461	
	Statement covers period	Date of election if applicable:		1/2		
☐ Amendment	from07/31/2017	(Month, Day,Year)		For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through12/31/2017					
1. Name and Address Of Filer		3. Summary	2-4			
NAME OF FILER (Include name(s) of all affiliated entities whose contribution ROWLAND,SR.,HERMAN G.	ons are included in this statement.)	(Amounts may be rounded to what it is a second confidence of the c	tributions 00 or more			
MAILING ADDRESS	(NO. AND STREET)	made this period. (Par	t 5.)	\$ —	5100.00	
CITY	STATE ZIP CODE	2. Unitemized expenditure contributions (including \$100 made this period	g loans) under	\$ —	0.00	
	CA 94533 AREA CODE/DAYTIME PHONE	3. Total expenditures and	d contributions			
(If filer is other than an individual)		made this period. (Add	•	SUBTOTAL \$ —	5100.00	
Herman Rowland SR		Total expenditures and made from prior stater				
2. Nature and Interests of Filer (Comple		amount from Line 5 o	`			
A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, AD	ADDRESS, AND BUSINESS INTERESTS DRESS, AND NATURE OF THE BUSINESS	filed. If this is the first			FF00 00	
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, enter		\$ —	5500.00	
		5. Total expenditures and (including loans) made				
ADDRESS OF EMPLOYER/BUSINESS		January 1 of the curre				
		(Add Lines 3 + 4.)		TOTAL \$	10600.00	
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE ENGAGED  A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SI		4. Verification  I have used all reasonable reviewed the statement at contained herein is true at the laws of the State of Care	nd to the best of my kr nd complete. I certify	nowledge the inforr under penalty of p	nation erjury under	
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTIT COMMON ECONOMIC INTEREST OF THE GROUP OR EN		Executed on	SIG	OWIAND SR  GNATURE OF INDIVIDUAL DO BLE OFFICER IF OTHER THA		

## Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161
from	07/31/2017	FORM	461
through	12/31/2017	2/2	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ROWLAND, SR., HERMAN G.

## 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/25/2017	Bill Dodd for Senate 2020  Napa CA 94581 ID: 1392482 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Bill Dodd State Senator Statewide  NO:  Support Oppose	500.00	\$ 500.00 Other \$ 0.00
03/22/2017	Marc Tonnesen for Assessor-Recorder  Fairfield CA 94533 ID: 1280593 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Marc Tonnesen Other Solano County Assessor- County Solano County Solano County NO:  ☐ Support ☐ Oppose	500.00 Recorder	\$ 500.00 Other  \$ 0.00
06/12/2017	Re-Elect Thomas A. Ferrara Sheriff - Coroner  Fairfield CA 94533 ID: 1352992 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		NO:  Support Oppose	5000.00	\$ 5000.00 Other  \$ 0.00
11/25/2017	Taxpayers for Jim Nielsen - State Senate 2018  Sacramento CA 94533 ID: 1373597 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		NO:  Support Dppose	4600.00	\$ 4600.00 Other  \$ 0.00
				SUBTOTAL \$	10600.00	

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660